



Docket No.: N0520.0047/P047  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Shinichiro Fukuoka

Application No.: 10/694,823

Confirmation No.: 6755

Filed: October 29, 2003

Art Unit: 2635

For: ARTICLE MANAGEMENT SYSTEM,  
NONCONTACT ELECTRONIC TAG,  
ARTICLE MANAGEMENT METHOD, AND  
COMPUTER-READABLE MEDIUM

Examiner: M. Shimizu

**REQUEST FOR RECONSIDERATION IN RESPONSE TO NON-FINAL OFFICE  
ACTION**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

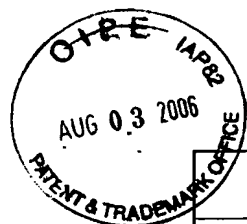
Dear Sir:

**INTRODUCTORY COMMENTS**

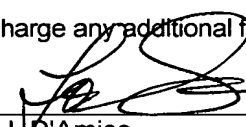
In response to the Office Action dated May 3, 2006, please reconsider the above-identified U.S. patent application for the following reasons:

**The Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 8 of this paper.



ITW

AMENDMENT TRANSMITTAL LETTER				Docket No. N0520.0047/P047	
Application No. 10/694,823-Conf. #6755		Filing Date October 29, 2003		Examiner M. Shimizu	
				Art Unit 2635	
Applicant(s): Shinichiro Fukuoka					
Invention: ARTICLE MANAGEMENT SYSTEM, NONCONTACT ELECTRONIC TAG, ARTICLE MANAGEMENT METHOD, AND COMPUTER-READABLE MEDIUM					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	17	- 20 =		x	
Independent Claims	5	- 5 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1073</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Thomas J. D'Amico Attorney/Agent Reg. No.: 28,371				Dated: <u>August 3, 2006</u>	
DICKSTEIN SHAPIRO LLP 1825 Eye Street, NW Washington, DC 20006-5403 (202) 420-2232					